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CONFIRMATION NO. 8077

SERIAL NUMBER 10/804,954	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO.	
APPLICANTS Marise S. Gottlieb, Chestnut Hill, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/455,881 03/20/2003 <i>MMCG</i> ** FOREIGN APPLICATIONS ***** <i>NONE - MMCG</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/02/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MMCG</i> Examiner's Signature <i>MMCG</i> Initials		STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 7
ADDRESS ROBERT E. BUSHNELL Suite 300 1522 "K" Street, N.W. Washington, DC20005					
TITLE Method for treating conditions associated with the Metabolic Syndrome (Syndrome X)					
FILING FEE RECEIVED 557	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		